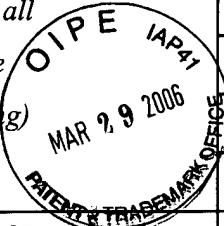
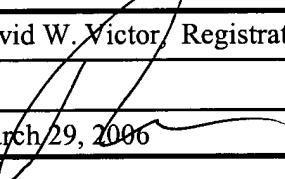


TRANSMITTAL FORM		Application Number	10/020,692
<i>(To be used for all correspondence after initial filing)</i>		Filing Date	December 14, 2001
		Inventor	D.A. BURTON et al.
		Group Art Unit	2126
		Examiner Name	Van H. Nguyen
Total Number of Pages in this Submission: 5	Attorney Docket Number	SJO920010194US1	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawings: ___ sheets	<input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322)
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition:	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits /Declarations	<hr/>	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Fee Address Indication Form
<input type="checkbox"/> Information Disclosure Statement; ___ references	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Issue Fee Transmittal Form
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> PTOL-85 (+ copy)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) ___	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> After Allowance Communication to Group	

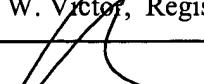
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	
Date:	March 29, 2006

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